



EPI-SODE

EPIDEMIOLOGIC SURVEILLANCE OF COMMUNICABLE DISEASE

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CD, STD, TB
(360) 397-8408

Skamania County Health Department main line:
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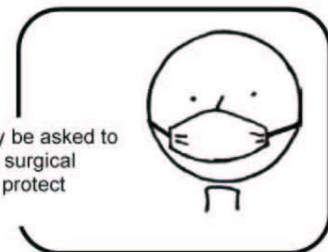
24-hrs for Public Health Emergencies
1-888-727-6230

Stop the spread of germs that make you and others sick!

Cover your Cough



Cover your mouth and nose with a tissue when you cough or sneeze
or
cough or sneeze into your upper sleeve, not your hands.



You may be asked to put on a surgical mask to protect others.

Clean your Hands

after coughing and sneezing.



Wash with soap and water
or



clean with alcohol-based hand cleaner.



For persons with disabilities, this document is available on request in other formats. Call 1-800-525-0127

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NEW DEATH CERTIFICATE FORM IN JANUARY 2004

A new death certificate will be implemented in January, 2004 by the Washington State Department of Health, Center for Health Statistics (CHS). The cause-of-death section completed by a medical certifier will have six new items. Date and time pronounced dead were deleted from the form. The new items include:

- **Were autopsy findings available to complete the Cause of Death?** — Check a box for yes or no.
- **Pregnancy status for females** — Check one of five boxes to indicate if not pregnant or pregnant at different time periods before death.
- **If transportation injury** — Check a box to specify if decedent was a driver, passenger, or pedestrian.
- **License number of certifier** — This is an optional item at the present time, but it will be used when an electronic registration system is implemented.
- **Manner of Death** — A check box for "natural" is added. This item should be completed for all deaths, not just deaths due to injuries.
- **Did tobacco use contribute to death?** — Check one of the four of boxes for Yes, No, Probably, or Unknown.

For more information about certifying causes of death, go to the CHS web site: www.doh.wa.gov/ehsphi/chs/chs-data/death/hands.htm or call (360) 236-4351. An updated handbook will be available on the website in January, 2004.

SUMMARY OF SELECTED NOTIFIABLE CONDITIONS CLARK AND SKAMANIA COUNTIES, 2003 AND 2002				
CONDITIONS	CLARK COUNTY		SKAMANIA COUNTY	
	2003	2002	2003	2002
Campylobacteriosis	65	51	0	0
Chlamydia trachomatis	765	796	12	11
E. coli O157:H7	13	12	0	0
Giardiasis	24	42	0	*
Gonorrhea	140	133	0	*
Hemophilus influenzae	*	*	0	0
Hepatitis A	*	13	0	0
Hepatitis B, acute	8	6	*	*
Hepatitis B, chronic	103	96	0	*
Hepatitis C (chronic)	168	118	*	*
HIV	22	32	0	0
Latent TB infection +	145	177	0	0
Measles	0	*	0	0
Meningococcal disease	5	13	0	0
Mumps	0	*	0	0
Pertussis	37	20	0	*
Rubella (including congenital)	0	0	0	0
Salmonellosis	44	32	0	*
Shigellosis	6	12	0	0
Streptococcus Group A Invasive	12	6	0	0
Syphilis (primary & secondary)	8	*	0	0
TB active disease	16	11	0	0

* <5 cases

+Patients followed by the health department

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